

**CONTAMINATED USED OIL REIMBURSEMENT APPLICATION**

CIWMB 325 (REV. 10-97)

**SEE BACK FOR INSTRUCTIONS**

		1. APPLICANT CIWMB IDENTIFICATION NUMBER	
2. NAME OF ENTITY		3. FEDERAL TAX IDENTIFICATION NUMBER	
4. MAILING ADDRESS (INCLUDE STREET, CITY, STATE AND ZIP CODE)			
5. CONTACT PERSON'S NAME		6. CONTACT PERSON'S TELEPHONE NUMBER	
7.	DO YOU HAVE PROCEDURES WHICH ENSURE THAT USED OIL GENERATED ON SITE OR ACCEPTED FROM THE PUBLIC WILL NOT BE MIXED WITH OTHER HAZARDOUS WASTE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.	TOTAL NUMBER OF GALLONS OF CONTAMINATED USED OIL		
9.	COST OF ENVIRONMENTAL PROTECTION AGENCY APPROVED FIELD TEST OR LABORATORY TEST		
10.	ENTER THE TOTAL DOLLAR AMOUNT CHARGED FOR THE HAULING OF CONTAMINATED USED OIL BY THE HAZARDOUS WASTE HAULER	=	
11.	ENTER SUBTOTAL (ADD LINE 9 AND LINE 10)	+	
12.	TOTAL COST FOR HAULING SAME AMOUNT OF UNCONTAMINATED OIL	-	
13.	ACTUAL AMOUNT ELIGIBLE FOR REIMBURSEMENT (LINE 11 MINUS LINE 12)	=	

**TO BE ELIGIBLE FOR REIMBURSEMENT, INCLUDE THE FOLLOWING INFORMATION:**

- a) Copy(s) of completed Uniform Hazardous Waste Manifests AND modified manifest receipts pursuant to Health & Safety Code Section 25250.8; and
- b) Results of an EPA approved field test which quantifies the level of contamination on the manifest; or a laboratory analysis conducted by the recycling facility characterizing the level of contaminants, and the total volume or weight of shipment.

**DECLARATION AND SIGNATURE**

***I certify under penalty of perjury that the information contained in this application is true and correct, and that no other application has been submitted on this contaminated used oil.***

14. OPERATOR SIGNATURE 	15. DATE SIGNED
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**INSTRUCTIONS FOR COMPLETING THE  
CONTAMINATED USED OIL ADDITIONAL COSTS REIMBURSEMENT APPLICATION**

1. Enter the identification number issued by the California Integrated Waste Management Board (CIWMB).
2. Enter the name as it appears on your certification or registration application.
3. Enter the entity Taxpayer Identification Number or Social Security Number.
4. Enter the mailing address where your payment should be mailed.
5. Enter contact person's name.
6. Enter the telephone number of the contact person.
7. Enter a check in the appropriate box indicating whether or not you have procedures preventing the generation or acceptance of contaminated used lubricating oil.
8. Enter the total gallons of contaminated used oil picked up by the hazardous waste hauler.
9. Enter the cost of Environmental Protection Agency approved field test or laboratory test.
10. Enter the total dollar amount charged for the hauling of contaminated used oil by the hazardous waste hauler.
11. Enter Subtotal (Add line 9 and line 10).
12. Enter the total dollar amount NORMALLY charged for the same amount of uncontaminated used oil by the hazardous waste hauler.
13. Subtract line 11 from line 12 and enter the amount eligible for reimbursement.
14. Original signature of certified center or curbside program operator.
15. Date signed by certified center or curbside program operator.